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Director

County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 19, 2010

To: Supervisor Gloria Molina, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW  
Director

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**DAVID AND MARGARET GROUP HOME CONTRACT COMPLIANCE MONITORING  
REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

David and Margaret Group Home is located in the 5<sup>th</sup> Supervisorial District, Los Angeles County, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to David and Margaret Group Home's program statement, their stated goal is "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior." David and Margaret Group Home is licensed to serve a capacity of 84 girls, ages 11 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of David and Margaret Group Home in October-November 2009 at which time they had one 40-bed site. There were 17 placed Los Angeles County DCFS children. All 17 children were females. For purpose of this review, 12 currently placed children's case files were reviewed and 10 of the 12 were interviewed. The sampled children's overall average length of placement was 8.24 months and the average age was 17. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Nine of the reviewed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages were being administered as prescribed.

### **SCOPE OF REVIEW**

The purpose of this review was to assess David and Margaret Group Home's compliance with the Contract and State regulations. The visits included a review of David and Margaret Group Home's program statement, administrative internal policies and procedures, 12 children's case files, and a random sampling of personnel files. A visit was made to the site to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they are receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

### **SUMMARY**

Generally, David and Margaret Group Home was providing good quality care to DCFS' placed children, and the services were provided as outlined in their program statement. The children's case files and personnel files were well organized and professionally maintained. The site was clean and adequately landscaped. The children interviewed stated they felt safe at the Group Home.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSPs).

David and Margaret Group Home was receptive and willing to make the necessary corrections regarding the deficiencies highlighted to improve their compliance with regulations and the Group Home Foster Care Agreement. The Director and his management staff were accessible and cooperative during the review.

### **NOTABLE FINDINGS**

The following are the notable findings of our review:

- Twelve initial and 15 updated NSPs were reviewed. Seven initial and 10 updated NSPs were comprehensive and met all the required elements in accordance with the NSP template. Five initial and five updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Three initial NSPs did not have a case plan goal, four initial and four updated NSPs did not have Children Social Workers' (CSWs) signatures or documentation that NSPs were sent to the CSWs. One initial NSP had no school information about the child. One updated NSP did not document the date the court authorization for psychotropic medication was obtained. One updated NSP lacked sufficient details of visits the child was having with family, the goals were not detailed and the NSP did not address how the goals were to be achieved or who was responsible to ensure the goals were achieved. The A-C's prior review also noted that David and Margaret



**DAVID AND MARGARET GROUP HOME**  
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Group Home did not always ensure that NSPs/Quarterly Reports were comprehensive.

- Two children who were eligible for Independent Living Program (ILP) services were not interviewed. Two of the nine children interviewed who were eligible for ILP services said they were not participating in ILP or Emancipation Planning services.
- Eight out of nine children on psychotropic medication had a current psychiatric evaluation review, however one child disclosed during the interview that she refused to attend monthly visits with the psychiatrist and there was no documentation that indicated otherwise. This was immediately brought to the attention of the Residential Director and also at the Exit Conference. The Residential Director immediately made arrangements for the child to start having monthly visits with the psychiatrist.

The detailed report of our findings is attached.

**EXIT CONFERENCE**

The following are highlights from the exit conference held January 25, 2010:

**In attendance:**

Charles Rich, Director/Chief Executive Officer, David and Margaret Group Home; Andrew Lavender, Residential Director, David and Margaret Group Home; and Kirk Barrow, Monitor, Out-of-Home Care Management Division, DCFS.

**Highlights:**

The Director and Residential Director were in agreement with the findings regarding the comprehensiveness of the NSPs. During the exit conference, they stated that the problem was a result of a personnel issue which they have now resolved. David and Margaret plans to improve their documentation in the NSPs, as well as encourage their staff to ensure that the NSPs are comprehensive. Regarding emancipation services, the Director stated that all the children who met the requirements for Youth Development Services (YDS) were offered Independent Living Planning (ILP) services by David and Margaret if they were not enrolled in YDS. In response to inappropriate discipline and restrictions, the Residential Director clearly stated that most children were provided opportunities to plan their activities. However, he stated that children on low behavior status are sometimes not allowed to participate in such planning. David and Margaret's Residential Director stated that outings are to be planned in advance during the business meetings with the children and that residents on restriction may be allowed to go on outings if it would be therapeutic. However, no mention is made in the Program Statement that children would be denied participating in the planning of activities based on their low behavior status, therefore the finding remains. This finding is addressed in the agency's approved Corrective Action Plan.

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The Director stated that the initial medical and dental exams were late for one child because the child received both exams shortly before placement at David and Margaret and that David and Margaret should not be held responsible when a child is unable to obtain a medical or dental examination as a result of the medical guidelines. The Director made it clear that the child has now received both his medical and dental exams.

As agreed, David and Margaret Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

A draft copy of the report was forwarded to the Executive Director for his comments but he stated that he had no concerns or comments to make regarding the report.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG:  
EAH:DC:kb

**Attachment**

- c: William T Fujioka, Chief Executive Officer  
Wendy Watanabe, Auditor-Controller  
Public Information Office  
Audit Committee  
Donald H. Blevins, Chief Probation Officer  
Sybil Brand Commission  
Cindy Walkenback, President-Board of Directors, David & Margaret Group Home  
Charles Rich, Executive Director, David and Margaret Group Home  
Jean Chen, Regional Manager, Community Care Licensing  
Lenora Copeland, Regional Manager, Community Care Licensing



## **DAVID AND MARGARET GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**David and Margaret Group Home  
1350 Third Avenue  
La Verne, California 91750  
License Number 191500192  
Rate Classification Level 12**

The following report is based on a "point in time" monitoring visit and is only intended to report the findings noted during the October-November 2009 monitoring review.

### **CONTRACTUAL COMPLIANCE**

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home was in full compliance with three out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Recreation and Activities; and Children's Clothing Allowance. The following report details the results of our review:

### **LICENSURE/CONTRACT REQUIREMENTS**

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with all nine (100%) elements reviewed in the area of Licensure/Contract Requirements.

#### **Recommendation:**

None

### **PROGRAM SERVICES**

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with six out of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in their program statement, and they were assessed for needed services within 30 days, and received the required therapeutic services.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSPs) with the participation of age-appropriate children, and discussed the plans with Group Home staff. However, of the 27 NSPs reviewed, only 17 were comprehensive and met all the required elements in accordance with the NSP template. Ten were not comprehensive, as all the required elements were not completed in accordance with the NSP template. Specifically, CSWs' authorizations to implement the NSPs were lacking, three did not have a case plan goal, and one did not include the court authorization date for psychotropic medication for the child. One updated NSP lacked sufficient details regarding visits the child was having with family. The goals were not detailed, and the NSP failed to address how they would be achieved and who was responsible for ensuring they were achieved. One child's recommended assessments/evaluations were not implemented. In addition, the Group Home's monthly contact with one child's CSW was not documented in child's case file. The CSW confirmed that the Group Home contacted him several times when the child

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was placed at David and Margaret, and NSPs noted that the child's case manager contacted the CSW on an "as needed basis."

The A-C's prior review also noted that David and Margaret Group Home did not always ensure that NSPs were comprehensive.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

1. They develop comprehensive NSPs that document case plan goals and court authorization dates for psychotropic medication.
2. They obtain DCFS CSW's authorization to implement the NSPs.

**SITE VISITS INCLUDING CHILD INTERVIEWS**

**FACILITY AND ENVIRONMENT**

Based on our review of David and Margaret Group Home and interviews with 10 of the 12 children reviewed, 15 staff files reviewed, and/or documentation from the provider, David and Margaret Group Home fully complied with five out of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped, and common quarters were well maintained.

The Group Home maintained a sufficient supply of perishable and non-perishable foods, as well as age-appropriate accessible recreational equipment and on-site educational resources.

The mattresses on the children's beds were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate and the Group Home provided a home-like environment. However, in one bedroom, in Turner Cottage, the window screens were broken and needed replacement. This posed no safety risks to placed children. One child's bedroom in Turner Cottage and one child's bedroom in Wynn Cottage were messy and untidy. This was observed during the site inspection and later brought to the attention of the Residential Director, who agreed with the findings and directed his staff to make the necessary repairs and tidy up immediately.

**Recommendation:**

David and Margaret Group Home Management shall ensure that:

3. All cottages are well maintained and broken window screens are replaced or repaired immediately.



### **EDUCATIONAL AND EMANCIPATION SERVICES**

Based on our review of 12 children's files and 15 staff files, and/or documentation from the provider, David and Margaret Group Home fully complied with one of the four elements reviewed in the area of Educational and Emancipation Services.

Current copies of the children's report cards or progress reports were all well maintained in their case files. However, two of the nine children eligible to participate in emancipation and vocational training programs said that they were not receiving those services. Seven of nine children who are eligible for Independent Living Program (ILP) or Emancipation Planning services were receiving those services however, two children said they were not participating in ILP and Emancipation Planning services. Eleven of 12 children had a current IEP in their case files; however, one child who attended the on-grounds Non Public School did not have a current IEP in her case file. The Residential Director reported that the child's IEP was pending as the child enrolled in school shortly before the end of the 2008-2009 school year. The most current NSP for the child shows that the child was enrolled in school June 17, 2009.

#### **Recommendations:**

David and Margaret Group Home Management shall ensure that:

4. They provide vocational training, Independent Living Program and Emancipation Planning Services to age-appropriate children.
5. IEPs are current and maintained for all applicable children.

### **RECREATION AND ACTIVITIES**

Based on our review of 12 children's files and 15 staff files, and/or documentation from the provider, David and Margaret Group Home fully complied with two of the three elements in the area of Recreation and Activities.

#### **Recommendation:**

David and Margaret Group Home Management shall ensure that:

6. All the children participate in the planning of activities.

### **CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION**

Based on our review of 12 children's files and 15 staff files, and/or documentation from the provider, David and Margaret Group Home fully complied with six out of nine elements in the area of Children's Health Related-Services, including Psychotropic Medication.

The Group Home maintained current court-approved authorizations for the administration of psychotropic medication, and medication logs were properly maintained. Eight out of nine children on psychotropic medication had current psychiatric evaluations/reviews with their psychiatrist. One child placed at the Group Home for approximately four months disclosed during the interview her refusal to receive timely psychiatric reviews. The Residential Director stated that the child was

## DAVID AND MARGARET GROUP HOME

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initially a voluntary placement and although her status has changed she has the right to refuse monthly psychiatric reviews.

Initial medical and dental examinations were conducted and follow-up medical/dental examinations were timely. Eleven of the 12 children's files reviewed the initial medical and dental were done timely. Ten children's follow-up medical and dental exams were not required. However, the initial medical exam was 58 days late and the initial dental was 63 days late for one child who was placed at David and Margaret for 16 months. The Residential Director agreed with the findings but noted that the child had medical and dental exams shortly before being placed at David and Margaret. He will ensure that children's medical and dental exams are within the initial 30 days of placement.

### **Recommendations:**

David and Margaret Group Home Management shall ensure that:

7. Children's initial medical and dental examinations are timely.
8. All children with a current court authorization continue to have timely psychiatric reviews and/or maintain documentation why children are not having routine psychiatric reviews.

### **PERSONAL RIGHTS**

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with eight out of 11 elements in the area of Personal Rights.

Two children were not available for interview at the time of the review. All ten children interviewed reported that they are informed of the Group Home policies and procedures and they feel safe in the Group Home. Three children who were interviewed were not taking psychotropic medication; all the others interviewed reported that they have the right to voluntarily receive or reject medical, dental and psychiatric care. They were provided information regarding their psychotropic medication and their right to refuse psychotropic medication. They all reported that they were free to attend religious services and activities of their choice and that their chores were reasonable.

While we noted sufficient food and snacks during our review and four of the 10 children interviewed stated that they were satisfied with the meals and snacks, six of the 10 children interviewed stated that they were not satisfied with the meals and snacks. The food was not tasty and not the type of food they like to eat. The Residential Director noted that some children will never be satisfied with the food and snacks, however David and Margaret ensures that the meals and snacks are nutritious for the children. Four of the 10 children interviewed reported that staff treated them with respect and dignity. Five reported that they were not treated with respect and dignity by staff, and one child was not sure if staff treated her with respect and dignity.

Five of the 10 children interviewed reported that the rewards and discipline systems in place were appropriate, and five reported that the systems in place were not appropriate. They felt there were too many restrictions.

Seven of the 10 children interviewed reported that they are allowed private visits, to make and receive telephone calls, and to send and receive unopened correspondence,



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and three reported that they were not given these privileges. The Executive Director agreed with the findings and will continue to ensure that children's rights are respected.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

9. All children are treated with respect and dignity.
10. Rewards and discipline systems are appropriate.
11. Children are allowed to have privacy during visits, phone calls and correspondence.

**CLOTHING AND ALLOWANCE**

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with all eight (100%) elements reviewed in the area of Clothing and Allowance.

**Recommendation:**

None

**PERSONNEL RECORDS**

Based on our review of 15 staff personnel files and/or documentation from the provider, David and Margaret Group Home fully complied with 10 out of 12 elements reviewed in the area of Personnel Records.

All 15 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index Clearances (CAI) and signed criminal background statements in a timely manner. They also received timely health screenings, had valid driver's licenses, and completed CPR, First Aid and on-going training. Three staff members who were non-residential staff did not need initial training, however all twelve staff members who were required to have initial training received the required training.

Eleven out of 13 required staff members signed copies of Group Home policies and procedures.

Five staff members who were non-residential staff did not need emergency intervention training; eight out of 10 staff members who required emergency intervention training received the training.

**Recommendations:**

David and Margaret Group Home Management shall ensure that:

12. All direct care staff members sign copies of the Group Home's policies and procedures.
13. All direct care staff members receive current emergency intervention training and have a current PRO-ACT or CPI certification on file.

## FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

### Objective

Determine the status of the recommendations reported in the Auditor-Controller's (A-C) last monitoring review.

### Verification

We verified whether the outstanding recommendations from the last A-C's report issued October 23, 2007 were implemented.

### Results

The A-C's prior monitoring report contained six outstanding recommendations. Specifically, David and Margaret was to ensure that comprehensive NSPs are developed with input from all members of the treatment team and the child and include measurable and achievable short and long term goals; all children taking psychotropic medication are routinely seen by the prescribing psychiatrist; children are aware of their right to refuse medication; medication distribution logs are properly maintained; ongoing staff training is provided; all staff treat children with respect and dignity; and the current reward and discipline system is reviewed and revised as needed. The A-C also noted that the Group Home needs to encourage and assist all children in creating and maintaining photo albums/life books. Based on our follow up of these recommendations, David and Margaret fully implemented five of the A-C's recommendations. However, David and Margaret Group Home did not fully implement the A-C's recommendation regarding the development of comprehensive NSPs, and the recommendation that children taking psychotropic medications are routinely seen by the prescribing psychiatrist was only partially implemented. As we noted, two recommendations were not implemented, and corrective action was requested of David and Margaret Group Home to further address these findings.

### **Recommendation:**

David and Margaret Group Home management shall ensure that:

14. They fully implement the two outstanding recommendations from the Auditor-Controller (A-C) monitoring report dated October 23, 2007, which are noted in this report as Recommendations 1 and 8.



**DAVID & MARGARET GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

1350 Third Avenue  
La Verne, CA 91750  
License Number: **SAMPLE 191500192**  
Rate Classification Level: 12

<b>Contract Compliance Monitoring Review</b>		<b>Findings: November 2009</b>
<b>I</b>	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Stabilization to Prevent Removal of Child</li> <li>3. Transportation</li> <li>4. SIRs</li> <li>5. Compliance with Licensed Capacity</li> <li>6. Disaster Drills Conducted</li> <li>7. Disaster Drill Logs Maintenance</li> <li>8. Runaway Procedures</li> <li>9. Allowance Logs</li> </ol>	Full Compliance (ALL)
<b>II</b>	<b><u>Program Services</u></b> (8 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Program Statement</li> <li>2. DCFS CSW Authorization to Implement NSPs</li> <li>3. Children's Participation in the Development of NSPs</li> <li>4. NSPs Implemented and Discussed with Staff</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessments/Evaluations Implemented</li> <li>7. DCFS CSWs Monthly Contacts Documented</li> <li>8. Comprehensive NSPs</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Improvement Needed</li> </ol>
<b>III</b>	<b><u>Facility and Environment</u></b> (6 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Maintained</li> <li>3. Children's Bedrooms/Interior Maintained</li> <li>4. Sufficient Recreational Equipment</li> <li>5. Sufficient Educational Resources</li> <li>6. Adequate Perishable and Non Perishable Food</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> </ol>
<b>IV</b>	<b><u>Educational and Emancipation Services</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Emancipation/Vocational Programs Provided</li> <li>2. ILP Emancipation Planning</li> <li>3. Current IEPs Maintained</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> </ol>

	4. Current Report Cards Maintained	Full Compliance
X	<b><u>Recreation and Activities</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Participation in Recreational Activity Planning</li> <li>2. Participation in Recreational Activities</li> <li>3. Participation in Extra-Curricular, Enrichment and Social Activities</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> </ol>
VI	<b><u>Children's Health-Related Services (including Psychotropic Medications)</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> <li>3. Medication Logs</li> <li>4. Initial Medical Exams Conducted</li> <li>5. Initial Medical Exams Timely</li> <li>6. Follow-up Medical Exams Timely</li> <li>7. Initial Dental Exams</li> <li>8. Initial Dental Exams Timely</li> <li>9. Follow-Up Dental Exams Timely</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Improvement Needed</li> <li>9. Full Compliance</li> </ol>
VII	<b><u>Personal Rights</u></b> (11 Elements) <ol style="list-style-type: none"> <li>1. Children Informed of Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Satisfaction with Meals and Snacks</li> <li>4. Staff Treatment of Children with Respect and Dignity</li> <li>5. Appropriate Rewards and Discipline System</li> <li>6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend Religious Services/Activities</li> <li>9. Reasonable Chores</li> <li>10. Children Informed about Psychotropic Medication</li> <li>11. Children Aware of Right to Refuse Psychotropic Medication</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Improvement Needed</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> </ol>
VIII	<b><u>Children's Clothing and Allowance</u></b> (8 Elements) <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity of Clothing Inventory</li> <li>3. Adequate Quality of Clothing Inventory</li> <li>4. Involvement in Selection of Clothing</li> </ol>	Full Compliance (ALL)



	5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	
IX	<b><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u></b> (12 Elements) <ol style="list-style-type: none"> <li>1. Education/Experience Requirement</li> <li>2. Criminal Fingerprint Cards Timely Submitted</li> <li>3. CAIs Timely Submitted</li> <li>4. Signed Criminal Background Statement Timely</li> <li>5. Employee Health Screening Timely</li> <li>6. Valid Driver's License</li> <li>7. Signed Copies of GH Policies and Procedures</li> <li>8. Initial Training Documentation</li> <li>9. CPR Training Documentation</li> <li>10. First Aid Training Documentation</li> <li>11. On-going Training Documentation</li> <li>12. Emergency Intervention Training Documentation</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Improvement Needed</li> </ol>

# David & Margaret

## Youth and Family Services

1350 Third Street, La Verne, CA 91750 (909) 596-5921

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### Corrective Action Plan

June 6, 2010

Department of Children and Family Services  
Out of Home Care Management Division  
ATTN: Dorothy Channel (channd@dcfs.lacounty.gov)  
425 Shatto Place  
Los Angeles, CA 90020  
Fax (626) 572-2368

Dear Ms. Channel:

This letter will serve as the Corrective Action Plan for the findings of the audit that was conducted at our facility beginning on October 10, 2009

12. In the event that a resident's room is un-kept, staff assigned to that cottage up to and including the cottage Case Manager, will support and ensure that the residents as part of their social skill, pre-emption and emancipation skill sets, are helped with chores and understand how the cleanliness of their environment and care of personal belongings are essential to emotional and social well being. In the event that residents mess up each other's rooms we will continue to monitor the need for and provide peer-to-peer support and conflict resolution to enhance responsibility and clarify roles within the cottages. When screens are missing or damaged a maintenance request form will be written and sent to Hugo Avila the maintenance supervisor for replacing and or repair. Cheryl Kroll, Supervising Case Manager is responsible for ensuring that the Corrective Action Plans are attended to and implemented. She will work closely with cottage Case Managers as well.

17. It is the plan at David & Margaret that when authorizations are required for NSP implementation we will mail the authorization form with the NSP report and document dates and times of said follow up, and keep a CSW authorization log in the Front Office Coordinator office as well as the Case Managers' offices to ensure our compliance with this step related to NSP completion. Cheryl Kroll, Supervising Case Manager and Jessica Martin, Front Office Coordinator is jointly responsible for ensuring that the Corrective Action Plans are attended to and implemented.

21. In the future, David & Margaret will ensure that recommendations are implemented and followed up on timely. Andrew Levander, LMFT, Director of Residential Services will be responsible to follow up on recommendations.

22. In the future there will be documentation regarding our correspondence with CSW's noted in the report. Jessica Martin, Front Office Coordinator and Cheryl Kroll, Residential Program Coordinator will be responsible for ensuring adherence to documentation of CSW correspondence. We will ensure that all NSP reports are comprehensive and along with the Social Worker Acknowledgement Form, we will follow up with emails and

*Children, youth and families gaining strength, sharing hope, embracing tomorrow*



David & Margaret  
Youth and Family Services

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telephone calls, which will be logged in the Front Office Supervisors office as well as the Case Managers offices in relation to our efforts to obtain needed signatures on all NSP's. In addition, we will ensure all required content areas of the NSP meet the established guidelines.

23. David & Margaret will continue to ensure children are given opportunities to participate in emancipation and vocational training programs while a resident at David & Margaret. Becky Schaal, Case Manager and ILP liaison and Cheryl Kroll, Residential Program Coordinator are responsible for ensuring resident participation.

24. We will continue to be attentive to the needs of our residents and document two follow up contacts with CSW's to meet the needs of our residents. Despite the formal ILP courses not being offered timely, our residents receive valuable ILP services while on our campus. Cottage opportunities for cooking, daily living and self-care as well as academic enrichment with tutors, shopping, recreation, supervised co-ed events and banking are all provided on our campus when indicated and or requested. Cheryl Kroll, Supervising Case Manager is responsible for ensuring that the Corrective Action Plans are attended to.

25. David & Margaret maintain needed IEP's on all residents who have IEP's. The documents are located in both the residents file as well as at our NPS School. In the case of Kaylee T. She was enrolled in a public school and did not have an IEP.

31. Amanda P. has only parental consent in her file for Psych medication because she was a voluntary placement upon admission. Subsequent to her change in status we have not been able to secure authorization from the court. We were working on getting this needed document but did not get it prior to her discharge. We recognize that this was an oversight on our part and will make sure that in the future all correspondence related to change in status is communicated with our Mental Health Department, Psychiatrist, Nurse and Intake Department. Attachment #31 refers to her being seen appropriately for medical and dental exam.

Laura Russell, LVN is responsible for ensuring that the Corrective Action Plan is attended to and implemented. Cheryl Kroll in her upcoming new role as Residential Program Coordinator will have oversight in this area.

34. David & Margaret will continue to ensure that children receive medical examinations as indicated and required. Laura Russell, LVN is responsible for ensuring medical evaluations are timely. This resident had received a physical at her previous placement 3 weeks prior to placement at David & Margaret.

37. David & Margaret will continue to ensure that children receive dental examinations as indicated and required. Laura Russell, LVN is responsible for ensuring dental evaluations are timely. The resident who did not receive the medical and dental evaluation within 30 days of placement occurred due to established Medical regulations which states that they will provide a dental evaluation every six months. This resident had received a dental exam at her previous placement 3 weeks prior to placement at David & Margaret.

42. It is the continued expectation that all David & Margaret staff treat each resident with respect and dignity and that all staff are continuously trained in how to respond and interact with the children in our care. Our procedure for ensuring this is outlined in part in our cottage grievance policy, which provides an opportunity for each resident to fill out a form located in each cottage whenever they feel a need is not being met. This form is then given to the Case Manager, Supervising Case Manager, as well as the Director of Residential Treatment. All Grievances are looked into immediately. In the event a resident does not choose to use a Grievance Form, they have the right as well as access to speak with a staff member in their cottage, cottage Case Manager, the Chaplain, their therapist or Director of Residential Treatment Andrew Levander.



43. Based on our well established level system our residents have the opportunity to engage in activities and be rewarded based on the level they reach each week. We will increase resident's input related to rewards and discipline to ensure a more efficient way of showing residents we value their input. We will continue to include residents in the weekend planning and cottage outing planning and ask residents more often for feedback related to our reward and discipline system. Cheryl Kroll, Supervising Case Manager is responsible for ensuring that the Corrective Action Plan is attended to and implemented along with input from each Case Manager.

45. It is the policy at David & Margaret to ensure the safety of residents related to visitation. We will make sure that all staff is aware of policy and procedures related to visitation and correspondence and are aware of all individual safety concerns and needs for monitoring of visits and telephone correspondence for each resident on campus. The Cottage Case Manager with oversight and supervision provided by Cheryl Kroll will ensure that the Corrective Action Plan is attended to and implemented.

65. David & Margaret will ensure that all employees sign copies of our GH policies and procedures upon hire or by time of employee orientation. Sheila Davis, HR Director is responsible for ensuring adherence to this requirement.

69. Attached are documents attesting to the completion of emergency trainings provided by David & Margaret to all indicated staff. In question were Cheryl K., Rebecca Hurt Schaal, and Elba Tatum. As outlined in the first CAP section, Kirk Barrow is aware of Elba T. training three years ago and included in this packet is documentation for Rebecca and Cheryl. Our approved program statement includes the initial training of staff in this area but not re-training every three years. The various components of the training are reviewed in training regularly. Within the next 90 days we will ensure that all required staff is Pro-Act trained according to CCL guidelines. Once required staff is trained, we will forward copies of training certificates to CCL.

Please feel free to contact me if you have any questions or concerns regarding this Corrective Action Plan.

Sincerely,



Andrew W. Levander, LMFT, M.A.C.  
Director of Residential Services  
David & Margaret Youth and Family Services  
(909) 596-5921 ext. 3191